

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTC-875)

SERIAL NO. 10/521276 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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21						
22						
23						
24						
25						
26						
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36						
37						
38		1				
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	1		
52	1		
53	1		
54	1		
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92	1		
93	1		
94	1		
95	1		
96	1		
97	1		
98	1		
99	1		
100	1		
TOTAL IND.	3		
TOTAL DEP.	3		
TOTAL CLAIMS	34		